

Instructions for Monthly Report of Operation - Activated Sludge Type Wastewater Treatment Plant - Standard Form

State Form 53463 (8-07)

Please direct questions or comments to Don Daily at 317/234-2579 or 800/451-6027 extension 4-2579, or by e-mail to ddaily@idem.IN.gov.

Instructions

General information (Facility Name, Permit Number, etc.) needs to be entered into the top box on the first page of January's report. This information will then show up on subsequent pages of the MRO automatically. However, should information change, the information can be changed on subsequent months (you'll need to use "Unfreeze Panes" under the "Window" menu selection to access that area on other months).

There are some blank columns. Simply type in column headings to use them.

If you are testing for TBOD rather than CBOD, please make that correction to the column headings.

For those columns that have "indefinite" headings (e.g. "hrs. or gal x 1000"), revise the heading to reflect your data.

pH - if only one sample is taken per day, report that value only in the "low" column.

Notes

Generally, the weekly average shows up on Saturday of each week. The exception is when a week overlaps two months. When a week contains days from two months, the weekly average shows up on the month containing four or more of the days of that week. If most of the days occur in the first month, the weekly average shows up on the last day of that month.

"Freeze Panes" has been used to keep row and column labels visible as you scroll.

This feature can be turned off by selecting "Unfreeze Panes" under the Window menu selection.

Do not use "cut & paste" or the space bar to make corrections. Each will likely cause errors.

- Seeing this in a cell usually indicates you've hit the space bar (or something other than just a number) in one of the cells used to calculate the value in the cell containing these pound signs.

Round off the calculated numbers as appropriate when transferring the information to your DMR.

E. Coli - The formula in the "average" box actually calculates the geometric mean. The program converts "TNTC" to 63,200 and converts "0" to "1" when calculating the monthly geometric mean.

After the December tab is one titled "Summary". This is a summary of the data entered into the 12 months of MRO forms and is for your use if desired in preparing an annual report, etc.

The cells with a yellow background contain formulas that calculate the information for that cell from other data entered into the worksheet. Cells containing formulas are "locked" to prevent accidental modification.

Should you find it necessary to remove the cell protection, the password is mro.

As with any important computer file, you should save a backup copy to a floppy disk or other location on a regular basis.

If the form doesn't print properly onto 5 pages, you'll need to adjust the print "scaling". Click on "File" and then "Page Setup" to find "scaling". You'll need to experiment to find the (lower) percentage that works for your printer.



Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard
State Form 53463 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
January		mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE									
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l		
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31																			
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Minimum																			
No. of Data																			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Signature of Certified Operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)

Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		January	0

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		January	0

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)	
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

**Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard**

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		January	0

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000			
	pH	Gas Production Cubic Ft. x 1000	Temperature - F												
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Data															

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251



**Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard**
State Form 53463 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
February		mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE									
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l		
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Signature of Certified Operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)

Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		February	

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):



**Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard**

State Form 53463 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
March		mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE									
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l		
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										Signature of principal executive officer or authorized agent					Date (month, day, year)				

<div>Monthly Report of Operation</div> <div>Activated Sludge Type Wastewater Treatment Plant — Standard</div> <div>State Form 53463 (8-07)</div> <div><div>Name of Facility</div><div>Permit Number</div><div>For Month Of: March</div><div>Year</div></div>										<div>Signature of Certified Operator</div> <div></div>		<div>Date (month, day, year)</div> <div></div>						
										<div>Signature of principal executive officer or authorized agent</div> <div></div>		<div>Date (month, day, year)</div> <div></div>						
Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	MIXED LIQUOR			RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
					Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):																		

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07)				Signature of Certified Operator _____		Date (month, day, year) _____		
Name of Facility _____		Permit Number _____	For Month Of: March	Year _____	Signature of principal executive officer or authorized agent _____		Date (month, day, year) _____	

		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Other	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)	
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

**Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard**

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		March	

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000			
			pH	Gas Production Cubic Ft. x 1000	Temperature - F										
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251



Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
April		mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("x" if Occurred)	Collection System Overflow ("x" if Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
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Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of: April	Year
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Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		April	

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)	
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

**Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard**

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		April	0

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
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Max.														
Min.														
Data														

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
May		mgd	
Facility's e-mail address (if available):			
Certified Operator: Name	Class	Certificate Number	Expiration Date

[illegible]

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Certified Operator	Date (<i>month, day, year</i>)
Signature of principal executive officer or authorized agent	Date (<i>month, day, year</i>)

Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of: May	Year
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Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07)				Signature of Certified Operator _____		Date (month, day, year) _____	
Name of Facility _____		Permit Number _____		For Month Of: May		Year _____	
Signature of principal executive officer or authorized agent _____				Date (month, day, year) _____			

Day Of Month Day of Week		FINAL EFFLUENT																	
		Flow		BOD				Total Suspended Solids				Ammonia				Other			
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)			
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment					Percent Capacity (actual flow/design)
Secondary Treatment					
Tertiary Treatment					
Overall Treatment					

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07)					Signature of Certified Operator			Date (month, day, year)				
Name of Facility		Permit Number		For Month Of: <div style="text-align: center; border: 1px solid black; padding: 2px;">May</div>		Year		Signature of principal executive officer or authorized agent			Date (month, day, year)	

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000			
			pH	Gas Production Cubic Ft. x 1000	Temperature - F										
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
 Office of Water Quality, Mail Code 65-42
 100 North Senate Avenue
 Indianapolis, Indiana 46204-2251



Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard
State Form 53463 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
June		mgd	
Facility's e-mail address (if available):			
Certified Operator: Name	Class	Certificate Number	Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE									
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l		
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										Signature of Certified Operator					Date (month, day, year)				
										Signature of principal executive officer or authorized agent					Date (month, day, year)				

Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of: June	Year
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Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 53463 (8-07)

Date (*month, day, year*)

**Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard**

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		June	0

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251



**Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard**

State Form 53463 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
July		mgd	
Facility's e-mail address (if available):			
Certified Operator: Name	Class	Certificate Number	Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE									
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l		
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No. of Data																			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Certified Operator	(Date month, day, year)
Signature of principal executive officer or authorized agent	(Date month, day, year)

Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of: July	Year
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Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coll - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		July	

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Other	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)	
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

**Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard**

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		July	

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251



**Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard**

State Form 53463 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
August		mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		August	

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		August	

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)	
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07)							Signature of Certified Operator			Date (month, day, year)					
Name of Facility							Permit Number			For Month Of:			Year		
August															
Signature of principal executive officer or authorized agent															
Date (month, day, year)															

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
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Avg.														
Max.														
Min.														
Data														

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
 Office of Water Quality, Mail Code 65-42
 100 North Senate Avenue
 Indianapolis, Indiana 46204-2251



Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
September		mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("x" if Occurred)	Collection System Overflow ("x" if Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
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No. of Data																	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		September	

Signature of Certified Operator	Date (month, day, year)
Signature of principal or executive or athroized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07)				Signature of Certified Operator _____		Date (month, day, year) _____			
Name of Facility _____		Permit Number _____		For Month Of: September		Signature of principal executive officer or authorized agent _____		Date (month, day, year) _____	

Day Of Month	Day Of Week	FINAL EFFLUENT																	
		Flow		BOD				Total Suspended Solids				Ammonia				Other			
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)			
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment					
Secondary Treatment					
Tertiary Treatment					
Overall Treatment					
					Percent Capacity (actual flow/design)

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard				Signature of Certified Operator		Date (month, day, year)	
State Form 53463 (8-07)				Signature of principal executive officer or authorized agent		Date (month, day, year)	
Name of Facility		Permit Number		For Month Of:		Year	
				September			

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251



**Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard**

State Form 53463 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
October		mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
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Maximum																	
Minimum																	
No. of Data																	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		October	

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coil - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07)				Signature of Certified Operator _____		Date (month, day, year) _____	
Name of Facility _____		Permit Number _____		For Month Of: October		Year _____	
Signature of principal executive officer or authorized agent _____				Date (month, day, year) _____			

Day Of Month Day of Week		FINAL EFFLUENT																	
		Flow		BOD				Total Suspended Solids				Ammonia				Other			
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)			
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard				Signature of Certified Operator		Date (month, day, year)	
State Form 53463 (8-07)				Signature of principal executive officer or authorized agent		Date (month, day, year)	
Name of Facility		Permit Number	For Month Of:	Year			
			October				

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251



**Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard**
State Form 53463 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
November		mgd	
Facility's e-mail address (if available):			
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
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No. of Data																	

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	Signature of principal executive officer or authorized agent	Date (month, day, year)

Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		November	

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l							
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l			Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coll - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 53463 (8-07)

Date (*month, day, year*)Date (*month, day, year*)

Name of Facility

Permit Number

For Month Of:

Year

November

[illegible]

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment					Percent Capacity (actual flow/design)
Secondary Treatment					
Tertiary Treatment					
Overall Treatment					

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard

State Form 53463 (8-07)

Name of Facility		Permit Number	
Month	Year	Plant Design Flow	Telephone Number
December		mgd	
Facility's e-mail address (if available):			
Certified Operator: Name	Class	Certificate Number	Expiration Date

[illegible]

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Certified Operator	Date (<i>month, day, year</i>)
Signature of principal executive officer or authorized agent	Date (<i>month, day, year</i>)

Monthly Report of Operation
Activated Sludge Type Wastewater
Treatment Plant — Standard
State Form 53463 (8-07)

Name of Facility

Permit Number

For Month Of:
December

Year

Signature of Certified Operator

Signature of principal executive officer or authorized agent

Date (month, day, year)

Date (month, day, year)

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07)				Signature of Certified Operator _____		Date (month, day, year) _____	
Name of Facility _____		Permit Number _____		For Month Of: December		Year _____	
				Signature of principal executive officer or authorized agent _____		Date (month, day, year) _____	

Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)	
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MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					
Tertiary Treatment					
Overall Treatment					
					Percent Capacity
					(actual flow/design)

Monthly Report of Operation Activated Sludge Type Wastewater Treatment Plant — Standard State Form 53463 (8-07)					Signature of Certified Operator			Date (month, day, year)		
Name of Facility					Permit Number		For Month Of:		Year	
December					Signature of principal executive officer or authorized agent			Date (month, day, year)		

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000			
			pH	Gas Production Cubic Ft. x 1000	Temperature - F										
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 Office of Water Quality, Mail Code 65-42
 100 North Senate Avenue
 Indianapolis, Indiana 46204-2251

Annual Summation of Monthly Reports of Operation

Plant Design Flow	
Annual Average Flow	
Capacity Used	

PERCENT REMOVAL SUMMARY				
	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment				
Secondary Treatment				
Tertiary Treatment				
Overall Treatment				

	Man-Hours at Plant (Plants less than 1 MGD only)	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE								PRIMARY EFFLUENT		AERATION				SECONDARY EFFLUENT			
					Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR			RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l	
																		Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Volume - MG			Susp. Solids - mg/l
Average																									
Maximum																									
Minimum																									
Totals																									
No. of Data																									
Estimated Annual Totals (Average X 365)																									

	Residual Chlorine - Contact Tank	FINAL EFFLUENT																SLUDGE TO DIGESTER							
		Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l	Flow		BOD		Total Suspended Solids				Ammonia				Other			Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000		
							Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs					Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)
Average																									
Maximum																									
Minimum																									
Totals																									
No. of Data																									
Estimated Annual Totals (Average X 365)																									

	DIGESTER OPERATION							
	Anaerobic Only							
	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000
Average								
Maximum								
Minimum								
Totals								
No. of Data								